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ABSTRACT

This study investigated the effects of cocaine addiction on mothers' ability to care for their children. The population interviewed included 25 cocaine-addicted mothers in a drug treatment center and a comparison group of 25 mothers of children in a Head Start program. Each mother was questioned about: (1) her pregnancy with a specific child (children's mean age = 3.2 years); (2) the child's social, motor, and cognitive development; (3) her expectations for the child's future; (4) the adequacy of her resources and social support; and, (5) her level of depression. The addicted mothers were also asked how their drug use affected their ability to take care of their children. Emotional neglect or abuse of the children was reported by 60% of the cocaine-addicted mothers. Physical neglect was also reported by 60% of the addicted mothers. Children of the addicted mothers had more chaotic home environments, moved more frequently from home to home, and were more likely to have been placed in foster care than children of mothers in the comparison group. Compared to mothers in the comparison group, addicted mothers described their children as having been more difficult as infants, rated their children lower in overall development, had lower expectations for their children's future, and were more worried that their children would get into trouble in the future. The results of the study reveal that there are clear and important differences between the environments of children whose mothers abuse cocaine and those whose families are simply poor. (SM)

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MATERNAL COCAINE ADDICTION: CORRELATES AND CONSEQUENCES

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N.B.: For more complete information about this study, please see Lawton, T. A. (1992). Maternal Cocaine Addiction: Correlates and Consequences, Doctoral Dissertation, University of Michigan. (Available through author or UMI Microfilms/Dissertation Abstracts)

ABSTRACT

This study investigated the effects of addiction on mothers' ability to care for their children. 25 cocaine-addicted mothers in a drug treatment center and 25 mothers of children in a Head Start program were individually interviewed. Each mother was questioned about: her pregnancy with a specific child (children's mean age = 3.2 years); the child's social, motor, and cognitive development; her expectations for the child's future; the adequacy of her resources and social support; and her level of depression. The addicted mothers were also asked how their drug use had affected their ability to take care of their children.

Emotional neglect or abuse of the children was admitted by 60% of the addicted women, and physical neglect was reported by 60% as well. Children of the addicted mothers had more chaotic home environments than the comparison group; they moved more frequently and were more likely to have been placed in foster care. Their mothers were somewhat more depressed and had fewer material and personal resources to meet their families' needs.

The addicted mothers described their children as having been more difficult as infants, rated their children as somewhat lower in overall development, had lower expectations for their children's future school performance and were more worried that their child would get in trouble in the future than comparison mothers. Within the group of children of addicted mothers there were no differences between those whose mothers had used drugs during pregnancy and those who started using them after the child was born.

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INTRODUCTION

The popular media have described children who were prenatally exposed to drugs such as cocaine as having a high probability of being learning disabled, hyperactive, and highly aggressive. These media reports imply that prenatally exposed infants have sustained neurological damage that will lead to behavioral and learning problems during childhood. The current research literature on the effects of

prenatal exposure to cocaine does not support this popular view that "crack" babies' brains are "miswired": most cocaine-exposed children show no or only mild neurological and cognitive deficits.

Little information is available, however, about the environments in which these children are raised, and the effects of these environments on their subsequent development. This study investigated the environments of children whose mothers were addicted to crack cocaine. In particular, it examined how the mothers' addiction affected their ability to properly care for their children.

METHODS

Twenty-five African-American and white cocaine-addicted mothers in a drug treatment center and twenty-five African-American and white mothers of children in a Head Start program were individually interviewed. Each mother was asked about her pregnancy with a specific child (children's M age = 3.24 years); her history of drug use; the child's social, motor, and cognitive development; her expectations about the child's future; the adequacy of her family's resources and social support; and her level of depression. The addicted mothers were also asked how their drug use had affected their ability to take care of their children.

QUALITATIVE RESULTS

Emotional Neglect and Maltreatment: The addicted women were very forthcoming about how their crack abuse had diminished their parenting ability, and their reports form the core of the study. Some form of emotional neglect or abuse of the children was mentioned by 60% of the mothers. The reported neglect ranged from mild, such as not spending time with the child and talking to him or her, to verbal and emotional abuse. One of the mothers eloquently described how her interactions with her children, though fulfilling their physical needs, lacked the positive affect which is so important for a developing infant:

> I was like "I got stuff I got to do, this is what I'm gonna do, I'm gonna feed you, change you, get you all back to sleep." So it was okay, you know, for me, at the time, but now I know it wasn't. 'Cause really, you know, it wasn't their Momma feeding them, it was like a zombie up there with a bottle in their mouth trying to get them, you know, there wasn't no feeling in it as if I were sober. Like, "Come on baby." Just stick the bottle in their mouth whether they want it or not. It's like, "Shut up, shut up."

In some cases, the mother's own sense of guilt and shame led her to maltreat her children emotionally. This mother of a 4-year-old and an 18-month-old describes how she treated her children while she was using crack cocaine:

> When I was under the influence, I would more or less push them aside, um, be mean to them, you know, cause I didn't want them around me, I think. I think I didn't want them to see me, you know, like that. And then, too, I didn't want them to see me doin' what I was doin'. That's how I treated them, I kind of pushed them away, and rejected them, you know, I really didn't want to be bothered with them.

Physical Neglect: Many of the mothers also described how their need for cocaine had so completely taken over their lives that they neglected the physical needs of their children. Fully 60% of the women interviewed mentioned some type of physical neglect when describing how they cared for their children when they were on drugs. In many cases this neglect was mild, such as not preparing balanced, nutritious meals or not keeping the child's clothes clean. However, several mothers described periods of severe physical neglect. One mother vividly described how she lost all interest in caring for her five children during her addiction, all of whom were eventually placed in foster care. When asked how using drugs affected her ability to be a good mother she replied:

> It wasn't that I was being a Mom, cause I didn't too much care. You know, it was just like, damn, I done had a baby. "Go fix this bottle." "Okay, I'll fix it in a minute; let me get this other hit", you know? "Your baby wet!" "Oh, damn, I got to get this baby some diapers. I got ten dollars. Well, I just buy me a rock and I try to get him some diapers later on, ask some girl if I can borrow a couple diapers." <u>That's</u> how I wasn't being a Mom. Instead of me sayin', "I got ten dollars, I got to go buy my baby some diapers" I didn't.

Several of the mothers were eager to point out that they had never physically abused their children despite their poor parenting. However, most seemed to appreciate the impact of their neglect on their children. Some of the women noted that as they recover, they have had to work hard to regain their children's trust and to rebuild their relationships with them:

> When we first come here he like didn't have nothing to do with me, uh, 'cause I kept pushing him away. And I think he didn't want me around him at that time. They say when I go through recovery, my kids go through recovery, too. And he's got to learn that Momma's going to be around all the time, and Momma ain't gonna go out running no more, you know. I'm always with him constantly now, and it drives me bananas, but, but he's doing good with that now.

Despite the evidence that the addicted women had frequently failed to meet their children's basic needs, their love for their children and desire to become good parents was apparent. Many of the mothers report that they have made profound changes in the way they care for their children, and the staff at the treatment center confirm that several of the women have made great progress.

QUANTITAVE RESULTS

Home environments: Children of the addicted mothers had more chaotic home environments than the comparison group. For example, they changed residences more frequently ($p < .001$; see Figure 1). Some children of addicted mothers moved as often as eight times in just two years. They were also more likely to have been placed in foster care; 11 of the 25 children who were the focus of the interviews had spent at least some time in foster care, while none of the comparison children had ever been taken into custody. Children of addicted mothers were also less likely to have had regular contact with their fathers ($p < .05$); fifty-two percent of the children of addicted mothers had no contact with their fathers, while only 32% had regular contact. In contrast, 17% of the comparison group had no contact, and 62% had regular contact with fathers.

Depression and Adequacy of Mother's Resources: The addicted mothers reported greater levels of depression as measured by the Beck Depression Inventory; however, this difference was only marginally significant ($p = .06$), and the addicted mothers' scores did not reflect severe levels of depression (see Figure 2). The addicted women also reported having fewer resources to meet their own and their families' needs than did the comparison mothers ($p < .05$). In particular, the addicted women were less likely to have adequate housing for their families, had more difficulty obtaining babysitting for their children when they needed it, had fewer toys for their children, and felt that they didn't have enough time to spend with their children.

Sources of Social Support: The two groups of women differed greatly in respect to their primary sources of social support (see Figure 3). The addicted women reported higher levels of support from institutional sources, such as the treatment center staff or Narcotics Anonymous than did the comparison mothers ($p < .05$). In contrast, the comparison mothers reported receiving higher levels of support from family and friends ($p < .001$). There was no difference between the two groups in the amount of support they received from their child's father or in the total amount of social support they reported receiving.

Infant Temperament: The children of the drug-abusing women were generally rated by their mothers as more difficult infants than were the comparison children. There was no difference between the two groups regarding whether the child was sleepy or active as an infant, but the addicted mothers described their children as having cried more often and as having been more fussy,

more difficult to feed, and more difficult to care for overall than the children of the comparison mothers (see Figure 4).

Child's Early Development: There was no significant difference between the two groups in their evaluation of their children's social skills. The drug-addicted mothers, however, did rate their children as being significantly lower in their overall development than did the comparison group mothers($p < .05$), but the difference was very small (see Figure 5).

Mother's Expectations and Worries About Child's Future: The addicted mothers generally were less optimistic about their children's futures than were the comparison group mothers. They expected that their children would do more poorly in school than did the comparison mothers ($p < .05$; see Figure 6). The addicted mothers also expected their children to complete less school ($p < .01$), though in both groups most of the women expected their children to complete high school and perhaps some college (see Figure 7). There was no difference between the two groups of mothers in the extent to which they reported being worried that their children would not receive what they need to be successful. However, the addicted mothers were significantly more worried that their children would get in trouble in the future (e.g., get pregnant while a teenager, get involved with drugs or gangs; $p < .01$), or would have to be on welfare as an adult ($p < .05$; see Figure 8).

CONCLUSIONS

The results of the study reveal that there are clear and important differences between the environments of children whose mothers abuse cocaine and those whose families are simply poor. Children of addicted mothers in particular are more likely to be victims of emotional and physical neglect than are children whose mothers are drug-free. Mothers who are addicted are more likely to suffer from depression, to lack the resources to fulfill their own and their families' needs, and to lack personal sources of social support. Therefore, studies which use only such variables as socioeconomic status and ethnicity in selecting a comparison group do not effectively control for the effect of the environment on the development of prenatally exposed children. There are no currently available studies which do control for these environmental variables, and therefore it is impossible at this time to determine what, if any, developmental sequelae are directly caused by prenatal drug exposure.

This study represents only a first step towards understanding the environmental aspects of the maternal drug abuse problem. Much more information needs to be gathered about the environments of,

for example, the children of women who abuse drugs but are not addicted, children whose mothers are addicted but are not in treatment, and children whose mothers used drugs during pregnancy but have since been drug-free. Similarly, information needs to be gathered about the experiences of those children who have been removed from their mother's custody and placed in foster care. Currently, not even the most basic information is available regarding the daily life experiences of any of these groups of children.

The contribution of the home environment to the development of "crack babies" must be recognized and understood if policy-makers are to develop appropriate services for these children and their families. The current focus of most policy efforts in this area is on preventing prenatal exposure to cocaine. Although this is clearly a worthwhile goal, this study demonstrates that attention must also be paid to providing treatment to addicted mothers to ensure that they are able to adequately care for their children.

Figure 1: Number of Times per Year Children Have Moved

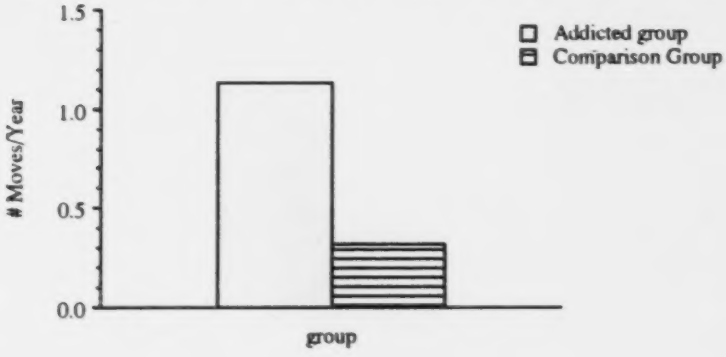

Figure 2: Beck Depression Inventory (BDI)

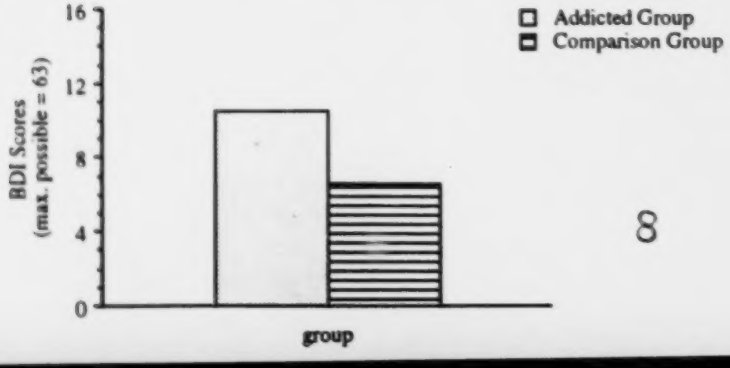

Figure 3: Sources of Social Support

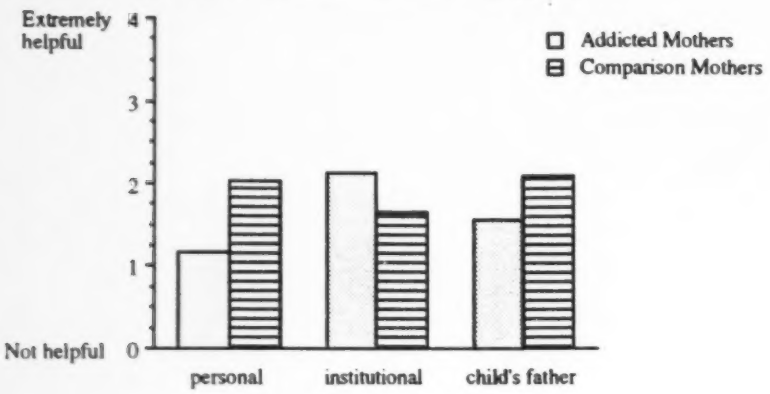

Figure 4: Mothers' Ratings of Infant Temperament

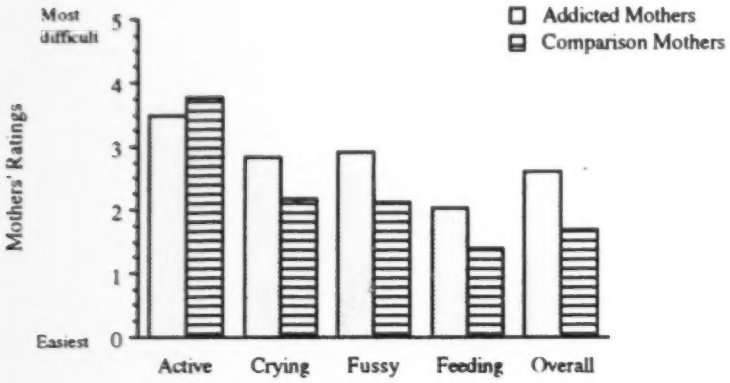

Figure 5: Child's Early Development

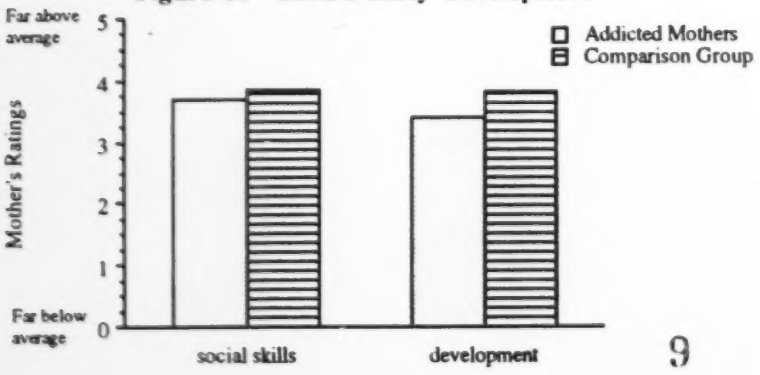

Figure 6: Expected School Performance

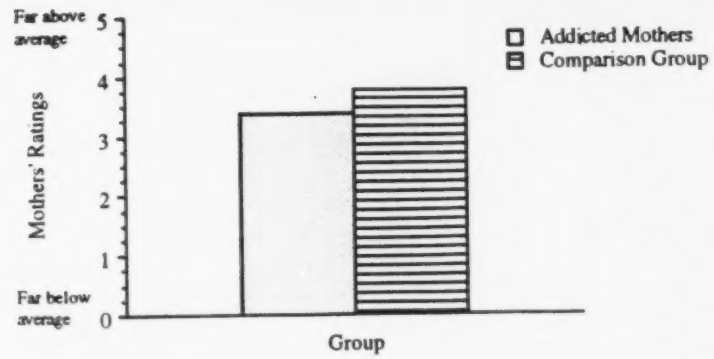

Figure 7: Expected Educational Attainment of Child

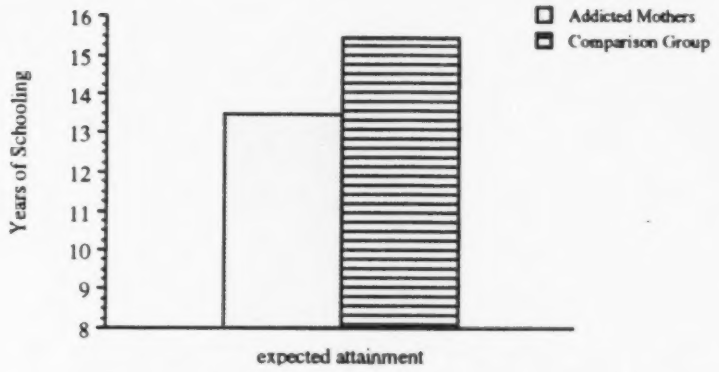

Figure 8: Mothers' Worries About Child's Future